Submit completed form to:
County Employees' Retirement Fund
2121 Schotthill Woods Drive
Jefferson City, MO 65101
Toll Free: 877-632-2373
Fax: 573-761-4404

Version 5.4

FORM M
MEDICAL/MILITARY/OTHER LEAVE

*The County Clerk completes and signs this form prior to an employee's commencement **and** upon termination of medical, military or other leave.* ***The County Clerk is required to sign this form.***

PARTICIPANT INFORMATION

Social Security Number ___ – ___ – ___ County of Employment _____

First Name _____ Initial _____ Last Name _____ Suffix _____

Address _____ City _____ State _____ Zip _____

Work Phone ( ) _____ Home Phone/Cell ( ) _____

Gender ☐ Male ☐ Female Marital Status ☐ Married ☐ Single Date of Birth ___/___/___

LEAVE INFORMATION

Select the appropriate type of leave for this employee.

- ☐ Medical (as defined in the County's Written Medical Leave Policy)
  - ☐ FMLA
  - ☐ Worker's Compensation
- ☐ Military
- ☐ Other (Please provide explanation) _____

Date Leave Begins ___/___/___ ***OR***

Date Leave Ended ___/___/___ ***AND***

Date Employee Returned to Work ___/___/___

REQUIRED SIGNATURES

I hereby certify that the information with regard to the medical/military/other leave for the applicant in this county is correct. I have notified the participant that their rights to the $10,000 death benefit may be forfeited under certain circumstances.

Signature of County Clerk	**Date**

REQUIRED ATTACHMENTS

- **Copy of the written Medical Leave Policy**